

First-Class Mail Postage & Fees Peid USPS Permit No. G-10

12.2.2

• Sender: Please print your name, address, and ZIP+4 in this box •

US EPA REGION 10 1200 6th Avenue, MS ECL 115 Seattle, WA 98101





SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A Received by (Please Print Clearly) B. Date of Delivery 12-11-00
 Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	C. Signature Agent Agent Addressee
Article Addressed to:	D. Is delivery address different from item 1?
Robert S. Walsh 121 NW Everett Portland, OR 97209	
Post of Postland	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
υ	4. Restricted Delivery? (Extra Fee)
Article Number (Copy from service label)	
Z 144 317 656	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789